



US Army Soldier Mental Health Support Programs, Activities and Future Research Questions

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Overview of Brief

- Review the history of mental health programs for deploying soldiers in the US Army
- Identify the need for and provisions of mental health prevention, early intervention and treatment services in the US Army
- Identify all current resources available for assistance
- Identify areas for future research



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Background on US Army MH Support Initiatives

- *1980's* - Army Combat Stress Control Doctrine developed from prior war/conflicts experience
- *Sep 2001* - Operation Solace following 911 in DC
- *May 2003* - Deployment Cycle Support Program developed following Fort Bragg violence 2002
- *Aug 2003* - SG's Mental Health Advisory Team-I Study mission following MH concerns in OIF-I
- *Oct 2003* - Army One Source to ensure access
- *Dec 2003* - Care Manager Program to ensure referral



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Background on US Army MH Support Initiatives

- *Apr 2004 - Disabled Soldiers Support System (DS3) to coordinate care for those with special needs*
- *Aug 2004 - SG's Mental Health Advisory Team-II Study follow-up on MHAT-I*
- *Oct 2004 - Extended TRICARE benefits for Redeploying Reserve Component Soldiers*



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Combat Stress Control Services

- 1980's Combat Stress Control (CSC) needs identified through WW's I & II, Korean & Vietnam conflicts, Arab-Israeli and other wars
- US Army Combat Stress Control doctrine developed and revised 1980's up to present
- Establishment of Combat Stress Control Resources-Organic MH sections, Combat Stress Control Units with soldiers in theater



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Combat Stress Control Services

- Goals for Combat Stress Control Services (CSC): prevent battle fatigue and soldier misconduct, reduce PTSD, assess and in some cases treat MH casualties and return soldiers to duty.
- Principles for CSC treatment including “PIES” (Proximity, Immediacy, Expectancy and Simplicity of MH services)
- Separate MH treatment areas in theater with Four R’s (Reassurance, Respite, Replenishment and Restoration of Confidence)



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Operation Solace

Sep 01 to present

- MH services for soldiers and DA civilians in Washington DC following 911 attack
- Began as acute response to 911
- Has continued today as support system for individuals impacted by 911 in DC
- Provides short-term, problem focused MH care and referral at the work site



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Deployment Cycle Support Program May 2003

- For soldiers and DA civilians redeploying from combat or operations to meet challenges of returning home (prevention / early intervention focus to reduce impact of combat experiences)
- Begins in theater, continues at home or demobilization station
- Focus on maintaining well-being while preparing to return to family/unit
- Based on individual assessment follow-up care offered



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Deployment Cycle Support Program May 2003

- Pre-deployment-activities include mental, physical and professional preparation
- Deployment-Called to duty and away from family and provided stress management skills
- Re-Deployment-Preparation to return to home and family with screening, education and referral for assistance, if required
- Post-Deployment-reintegration training and support or referral for assistance, if required
- Sustainment-on-going process of training and preparing for the next mission



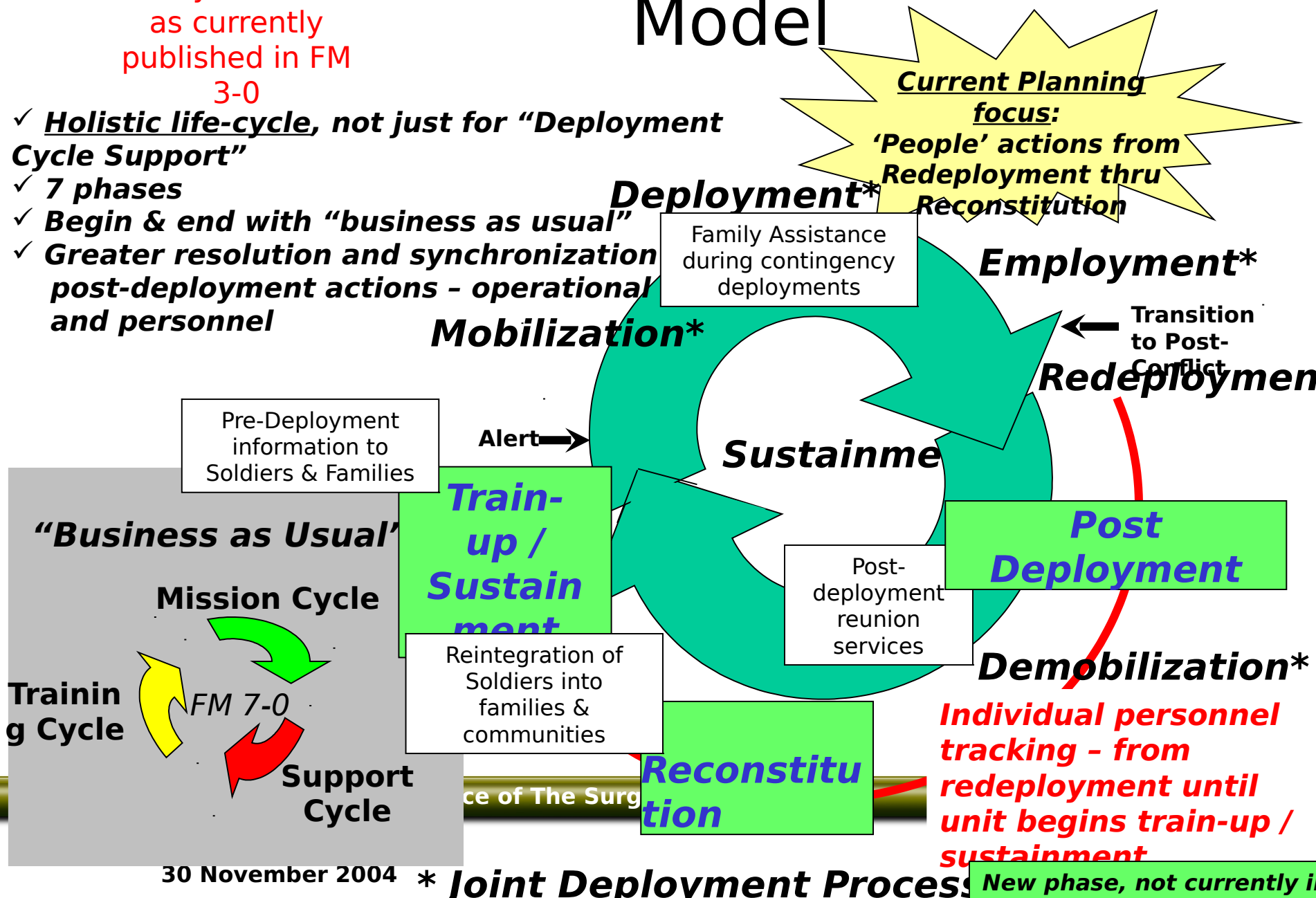
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This modifies
Army doctrine
as currently
published in FM
3-0

Deployment Cycle Support Model

- ✓ **Holistic life-cycle**, not just for “Deployment Cycle Support”
- ✓ **7 phases**
- ✓ **Begin & end with “business as usual”**
- ✓ **Greater resolution and synchronization post-deployment actions - operational and personnel**



Army SG's Mental Health Advisory Team I (MHAT-I) Aug 03

- Following ground war in June 03 adequacy of MH services became a concern and in July 03 Army SG tasked MHAT-I to study MH issues in OIF
- Team in Theater Aug-Sep 2003 and Findings and Recommendations released in Dec 2003
- Recommendations aimed at improving access, quality, variety and continuity of MH services
- Results on WEB at armymedicine.army.mil site



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Army One Source Program

Oct 2003

- For soldiers and DA civilians redeploying from combat or operations to meet challenges of returning home
- 24-hour, seven-days-a-week toll-free phone information and referral telephone service
- For A/C and R/C soldiers and family members worldwide
- Provides information, referrals for counseling
- Supplements installation-based services



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Army One Source (AOS) Program Oct 2003

- Army One Source assistance includes:
- **Parenting and Child Care**
- **Education**
- **Relocation**
- **Financial and Legal Concerns**
- **Everyday Issues**
- **Health, Addiction and Recovery**
- **Disabilities**
- **Military life**
- **Work Concerns**
- **Crisis Support**
- **Elder Care**
- **TRICARE**
- **Life-Issues Library and Pre-Paid Materials**



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Care Manager Program

Dec 2003

- For soldiers and DA civilians redeploying from combat or operations to meet challenges of returning home to insure care is offered for those in need
- Begins at demobilization station with screening questionnaire DD 2796
- Care Managers (Contract Social Workers) at each Demobilization station screening and referring for MH care
- Based on individual assessment follow-up care offered



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Disabled Soldiers Support System (DS3) April 2004

- New Resource for severely disabled Soldiers and their families
- System of advocacy with personnel support to assist with return to active duty or transition to civilian life
- Assisting ALL services members with financial, administrative, medical, vocational and other needs
- Partners with VA to assist



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Army SG's Mental Health Advisory Team-I I (MHAT-II) Aug 04

- Following MHAT-I Army SG tasked MH Team to re-study MH issues in OIF-II
- Team in Theater Aug-Oct 2004 and Findings and Recommendations pending
- Study aimed at assessing impact of improvements in access, quality, variety and continuity of MH services
- Results targeted to be on WEB at armymedicine.army.mil site by Jan 2005



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Extended TRICARE benefits for Reserve Force

Oct 04

- Effective May 2005 new TRICARE benefits for Reserve Component service members (Law signed Oct 2004)
- Provides 90 days of TRICARE coverage for soldier and family following mobilization
- Authorizes 180 days of transitional TRICARE coverage for reservists, active duty and family after separation from active duty
- Allows Reservists to earn a year's eligibility for TRICARE for each 90 days of service in a contingency



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Reintegration: The human dimension of redeployment

- Involves nurturing/replenishing physical, mental, emotional and spiritual health
- All needed to sustain decompression from the deployment
- Includes reintegration into normal unit command and social structure (marriage, family, friends, community)



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Why Mental Health Support!

- Combat experiences can have a tremendous impact on the mental health of troops, sometimes lasting.
- Intrusive thoughts, nightmares, sleep disturbance, anger are all normal responses of troops under fire. Hoge et al, 2004 showed 15-17% of troops reported these experiences even 6 months after returning home. Some troops experience increased aggression and alcohol use.



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Why Mental Health Support!

- DD 2796 soldier redeployment health screening Jun 03 to Nov 04 showed 5.4% or 8,667 AC and 6.3% or 7,925 RC soldiers indicated they sought or intend to seek counseling or care for mental health.
- DD 2796 soldier redeployment health screening Jun 03 to Nov 04 showed 4.4% or 7,032 AC and 4.8% or 6,064 soldiers were interested in receiving help for a stress, emotional, alcohol or family problem when redeploying.
- DD 2796 soldier redeployment health screening Jun 03 to Nov 04 showed 3.1% or 5,103 AC and 2.6% or 3,301 RC soldiers were recommended by a medical provider for mental health care when redeploying.



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Why Mental Health Support!

- Many soldiers avoid seeking care because of stigma and perceived impact on their careers.
(Hoge et al, 2004)
- “All soldiers must be knowledgeable about available mental health services and feel comfortable using them.” William Winkenwerder, Jr., MD
Assistant Secretary of Defense for Health Affairs
- “We are getting better at recognizing symptoms and warning signs and being proactive in referring Soldiers for care.” **SMA Preston**



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Summary

- There are many challenges for military members and their families to overcome during the stages of redeployment.
- Establishing and maintaining a support network helps soldiers and families to cope.
- Most families overcome these challenges successfully!
- The Army is making MH Support Programs a Priority!!



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Resources

- Family members
- Friends
- Chaplains
- Family Readiness Group
- Behavioral Health Professionals
- Chain of Command
- RC Family Assistant Centers
 - (Family Assistance Hotline 1-800-833-6622)



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Resources:

Army One Source

- **Army One Source**

<https://www.armyonesource.com/> (user name: army; password: onesource)

Phone: U.S. toll free (800) 464-8107S.

access code + (800) 464-81077

(all 11 digits must be dialed)

Hearing-impaired: (800) 364-9188

Spanish speakers: (888) 732-9020



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Resources: Websites

- www.Pdhealth.mil (WRAMC deployment health clinical center, includes RC resources)
- www.usuhs.mil (Select “Courage to Care”: handouts for providers and soldiers/families on reunification)
- Disabled Soldiers Support System (DS3)
 - 1-800-833-6622 (Army Information Line)
 - www.ArmyDS3.org



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Resources: Websites

- **www.ncptsd.org** (VA National Center for PTSD, has multiple handouts for providers and soldiers/families)
- **www.wblo.org/home/asp** (Army Families Online: Well-being Liaison Office)
- **<http://deploymentlink.osd.mil>** (DoD Deployment Health Support)
- **www.dodtransportal.org** (Program for transition and employment assistance)



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Resources: Websites

- www.govbenefits.gov (Federal and state benefits site)
- www.chppm-www.apgea.army.mil (US Army Center for Health Prevention and Promotion)
- Example of reintegration program (US Army V Corps)
 - www.per.hqusareur.army.mil/reintegration
 - www.vcorps.army.mil



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RC Entitlements: Health Care

- Transitional Assistance Mgmt Program
 - Extension of Tricare Prime
 - 800 538-9552
- www.Tricare.osd.mil
 - Offers transitional TRICARE eligibility for up to 180 days
 - Covers eligible service members and their family members



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VA Entitlements

- Outreach and Care Coordination Model
- www.va.gov or 1-800-827-1000
- Summary of Benefits handout: IB-164, May 2003
- VHA Directive 2002-049: Combat veterans eligibility for 2-yrs of medical service after separation
- Readjustment Counseling (Vet Centers): www.va.gov/rccs/ or 202-273-9116



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Remember:

- Soldiers have been through a life-changing experience.
- Soldiers have redefined “life” with new “normalcy”.
- Soldiers often feel like a visitor at home but will be invited back.
- Those most likely to understand soldiers and their experiences, are those serving with them. **SOLDIERS MUST STAY CONNECTED!**



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QUESTIONS?



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